



# Orientation Meeting Three

## Emergency Contact Information

This form to be completed thoroughly by an adult.

Ambassador's name: \_\_\_\_\_  
*last first middle*

Address: \_\_\_\_\_  
*street city state zip*

### Family Information

Father's/legal guardian's full name: \_\_\_\_\_

Father's/legal guardian's cell phone: (\_\_\_\_\_) \_\_\_\_\_

Father's/legal guardian's work phone: (\_\_\_\_\_) \_\_\_\_\_

Father's/legal guardian's work address: \_\_\_\_\_  
*street city state zip*

Father's/legal guardian's work hours: \_\_\_\_\_

Mother's/legal guardian's full name: \_\_\_\_\_

Mother's/legal guardian's cell phone: (\_\_\_\_\_) \_\_\_\_\_

Mother's/legal guardian's work phone: (\_\_\_\_\_) \_\_\_\_\_

Mother's/legal guardian's work address: \_\_\_\_\_  
*street city state zip*

Mother's/legal guardian's work hours: \_\_\_\_\_

Parent's/legal guardians' home phone (\_\_\_\_\_) \_\_\_\_\_

Home fax (if available): (\_\_\_\_\_) \_\_\_\_\_

Parents'/legal guardians' email: \_\_\_\_\_

Please list all medications (over-the-counter and prescription) that you anticipate your child will have in his/her possession on the program. Include aspirin, etc.

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### Physician Information

Physician's name: \_\_\_\_\_

Physician's address: \_\_\_\_\_  
*street city state zip*

Physician's phone: (\_\_\_\_\_) \_\_\_\_\_ Physician's fax: (\_\_\_\_\_) \_\_\_\_\_

### Other Contacts

Please provide three (3) additional people you would feel comfortable with us contacting in the event that you are not available.

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
*street city state zip*

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_\_) \_\_\_\_\_

Fax (if available) (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Work hours (if applicable) \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
*street city state zip*

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_\_) \_\_\_\_\_

Fax (if available) (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Work hours (if applicable) \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
*street city state zip*

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_\_) \_\_\_\_\_

Fax (if available) (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_